

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2		<				
3		x				
4		x				
5		x				
6	x					
7	x					
8		x				
9	x					
10		x				
11		x				
12		x				
13		x				
14	x					
15	x					
16		x				
17		3				
18		x				
19		3				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	17					
TOTAL CLAIMS	23					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						